## REPORT OF RECEIPTS AND DISBURSEMENTS

110 FFB -4 PM 1:25

1 OIXW 5	For An Authorized Committee					Office Use Only			
1. NAME OF COMMITTEE (i	TYPE OR n full)	PRINT ▼		mple: If typing r the lines.	g, type	lŽFĚ4M5	/		
Elizabeth Dole Committee, Inc.									
	11111					<u> </u>		1 1 1 1 1 1	
ADDRESS (number and street)									
Check if dithan previous reported. (	ously , Dalai	gh, , ,				NC [	27602	1 - 1 - 1	
2. FEC IDENTIFI	CATION NUMBER <b>V</b>		CITY ▲	=	S	STATE A	;	ZIP CODE A	ют
C 003691	40	3.	IS THIS REPORT	NEW (N)	OR	AMENI (A)	DED	STATE ▼ DISTRI	
	EPORT (Choose One)	(b)	12-Day PRE	-Election Rep	ort for the:				_
(a) Quarterly F	Reports:			Primary (12F	[ <del></del>	General	(12G)	Runoff (12)	R)
April 1	5 Quarterly Report (Q1)			Convention (	[ <del>-</del>	Special (		<u> </u>	,
July 1	5 Quarterly Report (Q2)		السا	[[MJ-M]] /		<u> </u>		in the	1
Octobe	er 15 Quarterly Report (	Q3)	Election on					State of	
January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the:									
				General (30	G)	Runoff (	30R)	Special (30	JS)
Termir	nation Report (TER)		Election on	(M) /	[DVB] /	<del></del>		in the State of	
5. Covering Period 10 2007 through 12 2007 (2007)									
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer Brent D. Barringer									
Signature of Treasurer  Date    Date									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.									
Office Use								C FORM 3	1